

CLAIMS ONLY						Application Number 10/723091	Filing Date		
						Applicant(s)			
						* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep
1	/	/	/			51			
2	/	/	/			52			
3	/	/	/			53			
4	/	/	/			54			
5	/	/	/			55			
6	/	/	/			56			
7	/	/	/			57			
8	/	/	/			58			
9	/	/	/			59			
10	/	/	/			60			
11	/	/	/			61			
12	/	/	/			62			
13	/	/	/			63			
14	/	/	/			64			
15	/	/	/			65			
16	/	/	/			66			
17	/	/	/			67			
18	/	/	/			68			
19	/	/	/			69			
20			/			70			
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42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
Total Indep	/		/			Total Indep			
Total Depend	18	←	19	←	→	Total Depend	←	→	→
Total Claims	19		20			Total Claims			